| 008 ELECTION CYCLE PR – SS 08-01(b) | William Ly. | OFFICE USE |
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| | CANDIDATE REPORT OF | 2008 DEC 3 1 2008 |
| | RECEIPTS AND DISBURSE | MENTS Campaign Finance |
| Name of Candidate | per A Chism | Secretary of State |
| Address V.C. Box | 2343 Columbus Ms | County Locentles |
| Telephone (Work) 327- | (Home) 366-661 | E (Fax) 327-0987 |
| Contact Name (SAKE) | Chism Email Address | aspicina house me |
| Office Sought MS Arge | use of lep Dist #37 | Political Party Republican |
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| | TYPE OF REPORT • CHECK THE CATEGORY OF REPORT YO | LARE SURMITTING |
| October 28, 2008 Pr | re-Election Report (January 1, 2008, through | h October 25, 2008) |
| November 18, 2008 Pr | re-Runoff Report (October 26, 2008, through | November 15, 2008)Runoff Candidates |
| January 31, 2009 Ar | nnual Report (January 1, 2008, through Dec | ember 31, 2008)Runoff Candidates |
| | The contract of the contract o | emper 31, 2008) |
| Termination Report (Ca | andidate will no longer secont and the | |
| remination Report (Ca | andidate will no longer accept contributions of as no outstanding campaign debt or obligation | |
| expenditures and ha | andidate will no longer accept contributions or as no outstanding campaign debt or obligation | make campaign ns.) Required to terminate reporting obligations |
| expenditures and hat expenditures and hat expenditures and hat expenditures and hat expenditures are mandatory, evan for total amount of reported contribute | andidate will no longer accept contributions or as no outstanding campaign debt or obligation if no contributions or expenditures have occurred. In such that and expenditures during this period. | make campaign ns.) Required to terminate reporting obligations case, the candidate shall submit a report indicating "0" (Zero) |
| (1) Periodic reports are mandatory, evan for total amount of reported contribute (2) Until a candidate files a termination re | andidate will no longer accept contributions or as no outstanding campaign debt or obligation if no contributions or exponditures have occurred. In such that and expenditures during this period. | rmake campaign Required to terminate reporting obligations case, the candidate shall submit a report indicating "0" (Zero) |
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| (1) Periodic reports are mandatory, evan for total amount of reported contribute (2) Until a candidate files a termination re office must be in actual receipt of the (4) Contributions in averse of \$700 models. | andidate will no longer accept contributions or as no outstanding campaign debt or obligation if no contributions or exponditures have occurred. In such those and exponditures during this period. Seport, annual and periodic reports must still be filed in accolute the period of the required reports by 5:00 p.m. on the reports required reports by 5:00 p.m. on the first working day before | rmake campaign Required to terminate reporting obligations case, the candidate shall submit a report indicating "0" (Zero) rdance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii). Ing day. If the deadline falls on a weekend or a holiday, the e the deadline. Faxed reports are acceptable. |
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| (1) Periodic reports are mandatory, evan for total amount of reported contribute (2) Until a candidate files a termination re (3) The appropriate effice must be in actual receipt of the office must be in actual receipt of the FAX or otherwise within 48 hours of the fax or otherwise wit | important if no contributions or exponditures have occurred. In such that and expenditures during this period. seport, annual and periodic reports must still be filed in accordant receipt of the required reports by 5:00 p.m. on the report required reports by 5:00 p.m. on the report required reports by 5:00 p.m. on the first working day before wed after the reporting period but more than 48 hours before the contribution. Use separate form "48 hour report" to report REPORTED CONTRIBUTIONS AND Description of the contribution of the contribut | rmake campaign Required to terminate reporting obligations case, the candidate shall submit a report indicating "0" (Zero) rdance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii). ling day. If the deadline falls on a weekend or a holiday, the e the deadline. Faxed reports are acceptable. 12:01 a.m. on the day of the election must be reported by out such activity. |
| (1) Periodic reports are mandatory, evan for total amount of reported contributions (2) Until a candidate files a termination re office must be in actual receipt of the (4) Contributions in excess of \$200 receive FAX or otherwise within 48 hours of the tall amount of contributions \$ tall amount of disbursements \$ | important if no contributions or exponditures have occurred. In such thous and exponditures during this period. seport, annual and periodic reports must still be filed in accordant required reports by 5:00 p.m. on the report required reports by 5:00 p.m. on the first working day before the contribution. Use separate form "48 Hour Keport" to report REPORTED CONTRIBUTIONS AND Export of the contribution of the contribution of the separate form "48 Hour Keport" to report the contribution of | rmake campaign reporting obligations case, the candidate shall submit a report indicating "0" (Zero) rdance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii). Ing day. If the deadline falls on a weekend or a holiday, the e the deadline. Faxed reports are acceptable. 12:01 a.m. on the day of the election must be reported by out such activity. DISBURSEMENTS Total This Period Calendar year-to-date 450 90 \$ 7152 90 \$ 7152 90 |
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Authority: Refer to Miss. Gode Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or
- 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

| Name of Candidate or Committee GARY A. Chism | - Page | of |
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| II EMIZED RECEI | PTS | |
| A Source: Corporation PAC Individual I Loan | 1 5. | Amount of each |
| U Other (please specify) | (Mo., Day, Yea | receipt |
| GCORGIA-PACIFIC FURNISH MITTURE | 11,14.10 | this period |
| | | \$ 250 - |
| P.O. BOY 61270 City, State, Zip Code | ''_ | |
| Phoenix, AZ. 85082-1270 | <u> </u> | \$ |
| Name of Employer (Required) | | \$ |
| Occupation (Required) | Aggregate | \$ 00.00 |
| B. Source: Corporation PAC Individual Loan | year-to-date | 250- |
| . Other (please specify) | Date (Mo., Day, Year | Amount of each receipt |
| Full name | (| this period |
| Mailing Address | // | - * |
| | \ | \$ |
| City, State, Zip Code | | \$ |
| Name of Employer (Required) | <u> </u> | |
| Occupation (Required) | <u> </u> | \$ |
| | Aggregate year-to-date | \$ |
| C. Source: Corporation C PAC C Individual C Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full name | 1 1 | \$ |
| Mailing Address | , , | \$ |
| City, State, Zip Code | -'-'- | |
| Name of 5 | _''_ | \$ |
| Name of Employor (Required) | | \$ |
| Occupation (Required) | Aggregate | \$ |
| D. Source: Corporation PAC Individual Loan | year-to-date | Amount of each |
| Other (please specify) | Date (Mo., Day, Year) | receipt |
| Full name | | this period |
| Mailing Address | | \$ |
| City, State, Zip Code | // | \$ |
| Name of Employer (Required) | // | \$ |
| | | \$ |
| Decupation (Required) | Aggregate | \$ 7 |
| | year-to-date | |

| PAGE | 03/04 |
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| Name of Candidate or Committee CARL | A. Chism | Page | of2_ |
|-------------------------------------|----------|------|------|
| Reporting period 1/1/08 | _through | | |

ITEMIZED DISBURSEMENTS

| Full name/ | | |
|--|---------------------------|---|
| STARKVILLE ROTARD CLUB | (Mo., Day, Year) | Amount of each disbursement this period |
| F.O. BOT 80002 | 111108 | \$ 110000 |
| State of Code DARKVIILE, MS. 39759 | 12 131 108 | 3 |
| urpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 110000 |
| WKBB-FM | Date (Mo., Day, Year) | Amount of each disbursement this period |
| 413 N. FORREST ST. | 11/108 | \$ 150000 |
| West Point, Ms. 39773 | 12/3/108 | S |
| rpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 150000 |
| WICKER FOR Souste | Date (Mo., Day, Year) | Amount of each disbursement this period |
| P.O. Barley | 114.08 | \$ 5000 |
| JACKSON, MS. 39205 | / | 3 |
| rpose of Disbursement (Optional) | Aggregate Year-to-date | \$500.00 |
| Mc Cullough FOR Congress | Date (Mo., Day, Year) | Amount of each disbursement this period |
| P.O. BIT 22 | 1125108 | \$ 25000 |
| pose of Disbursement (Optional) | | 5 |
| 20/14 | Aggregate Year-to-date | \$ 25000 |
| CHARLIE ROSS FOR CONGRESS | Date (Mo., Day, Year) | Amount of each disbursement this period |
| ling Address P.O. Box 5993 | 1 126 108 | ° 250° |
| State, Zip Code BRANdon, Ms. 39047 | | \$ |
| NA | Aggregate Year-to-date | s 250°° |
| GREG DAVIS FOR CONGRESS | Date (Mo., Day, Year) | Amount of each disbursement this period |
| GREG DAVIS FOR CONGRESS IN Address S779 GETURELL Rd, Blog DI | 4/28/08 | s 250 00 |
| SouthAven, Ms. 38612 | _' | \$ |
| ose of Disbursement (Optional) | Aggregate Year-to-date | 25000 |
| | | |

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| Name of Candidate or Committee A | my A. Chism | Page _ | 2 of 2 | • |
|----------------------------------|------------------|--------|--------|---|
| Reporting period ///08 | through 12/31/08 | 3 | | |

ITEMIZED DISBURSEMENTS

| i. Full perne | | may make the first of the second of the seco |
|--|---------------------------|--|
| Pierce For Supreme Covet | Date (Mo., Day, Year | Amount of each disbursement this period |
| P.O. Box 153 | 5120108 | \$ 25000 |
| Ity, State, Zip Code VASCAGRULA M5. 39568 urpose of Disburserhept (Optional) | | \$ |
| urpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 25000 |
| . Full name | Daté (Mo., Day, Year) | Amount of each disbursement this period |
| ailing Address | | 3 |
| ity, State, Zip Code | | \$. |
| rrpose of Disbursement (Optional) | Aggregate Year-to-date | s |
| Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| ailing Address | _/_/_ | \$ |
| ty, State, Zip Code | | \$ |
| rpose of Disbursement (Optional) | Aggregate Year-to-date | \$. |
| Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| fling Address | | S |
| y, State, Zip Code | | \$ |
| pose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| rull name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| ling Address | _'_'_ | \$ |
| , State, Zip Code | _'_'_ | \$. |
| pose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| ull name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| ing Address | _'_' | \$ |
| State, Zip Code | | \$ |
| ose of Disburgement (Optional) | Aggregate Year-to-date | \$ |